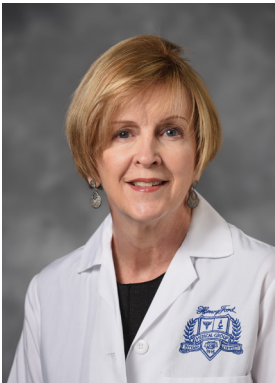


PSYCHED

Newsletter for Behavioral Health Team Members
Spring 2019

Frankly Speaking

A message from the chair



Cathrine Frank, M.D.

Dear Colleagues,

It is a pleasure to welcome you to our inaugural issue of *Psyched*. The goal of this newsletter is to keep us all connected and informed as to clinical, education, and research endeavors within Behavioral Health. My hope is that it will also allow us to get to know one another better and to celebrate in our successes. We want to

work together to be the best destination for patient care as well as the place where everyone wants to work.

I hope that this is an interactive newsletter; that you will let me know what you want to know about and also your ideas about our missions of clinical care, education, and research. All ideas are welcome! I look forward to this being one vehicle to unite us, motivate us, to nourish us with ideas, and to keep us all engaged.

CATHY

Cathrine Frank, M.D.
Chair, Department of Psychiatry
HFHS Behavioral Health Services
Email: cfrank4@hfhs.org
Phone: (313) 874-6887

The newsletter is an opportunity to share information about a number of issues, including:

- BHS services across all business units and markets
- Our Culture of Caring
- Strategic planning efforts
- Educational opportunities
- Research news and opportunities
- Safety and quality
- Wellness updates
- News from our various divisions and regions
- Employee recognition

May is

Mental Health Awareness

Month

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It's All About Culture!

For most health care institutions and businesses, the culture is the fabric that leads to staff engagement and satisfaction as well as patient outcomes and satisfaction. So what is culture? There are many definitions but all point to a combination of a body of knowledge, beliefs, and behaviors surrounding health, wellness, illness, disease, and how we deliver health care to our patients and the community.

HFHS is embarking on a cultural transformation and BHS will be an integral part of that transformation. In a busy day, it becomes perhaps easy at times to forget why we are here, why we chose to work in the behavioral health field and how to support one another. Our goal is to be the best and to be extraordinary caregivers for our patients and families as well as role models for our trainees and team members.

Over the next few months, we will be having mini-retreats to help us transform ourselves as well as the care we provide. The retreats for the outpatient clinics will be on Friday afternoons with each clinic having its own retreat. Maplegrove and Kingswood will have retreats as will CL and neuropsychology. We will be working with Macomb, Wyandotte, and Allegiance as to their retreats.

More to come, but our retreat goals will focus on compassion, teamwork, and wellness. I look forward to your input and ideas.

CATHY

Cathy Frank, M.D.



Follow Henry Ford Online

Following the Henry Ford Health System pages on social media and subscribing to the Henry Ford LiveWell blog are great ways to stay informed about what is happening across the System. Behavioral Health topics are frequently featured with our team members serving as subject matter experts. Additionally, sharing our content on your personal pages will help get the word out about our services. You can read or subscribe to the blog at HenryFordLivewell.com.



Mark Your Calendar

MAY Mental Health Month

JUNE PTSD Awareness Month

SEPT. Suicide Prevention Awareness Month
National Recovery Month

SEPT. 10 World Suicide Prevention Day

OCT. Depression Awareness Month
OCT. 10 World Mental Health Day





Moving Forward Together

Operations Update



Donna Wellington, MBA

Welcome! This is truly an exciting time for operations at Henry Ford Behavioral Health Services – the new operating model is being implemented at the System level, we've got new leaders and team members in place to support our growth initiatives, and we are continuing to focus on patient and employee safety by addressing quality and safety across the System as part of

our HRO journey. To ensure our success, it's important that we are all moving forward as a collective team. My goal is to use this column to answer your questions about our strategic direction.

Operational success is all about the right strategy – choosing one path over another and understanding why. Strategic thinking is the foundation of our ability to adapt to a changing market, respond to the increasing demand for services, and lead the industry in standards of care. For us, strategy starts with our HFBHS leadership team, which includes members from all divisions and markets. We've been working together in preparation for the new operating model, looking at how behavioral health operates across the health system, and discussing strategies that will keep us ahead of the curve.

We have many exciting initiatives occurring throughout our service line:

- Congratulations to Henry Ford Macomb Hospital – Mt. Clemens, which, under Jane Lozen's leadership, had a successful TJC survey.
- Henry Ford Wyandotte Hospital is busy preparing for their survey, which is due any day.
- Henry Ford Maplegrove Center and Allegiance leadership have created a joint committee focused on our Addiction Medicine services across the System.
- Tiffeny Goode, Group Practice Director, Ambulatory Services, and Christina Tindal, director of Henry Ford Behavioral Health Services at Allegiance, are focused on enhancing virtual care delivery services for our outpatient centers.

- A Behavioral Health Integration program in which PCPs and behavioral health experts work together to manage common conditions like depression and anxiety, in the primary care setting using virtual care.
- We have developed a System-wide BHS work team around employee safety and reducing workplace violence. We've begun looking at employee duress safety devices for all of our BHS inpatient units.
- We are committed to achieving 100 percent compliance in Real Rounding from all leaders at all locations.

These are just a few of the recent operational highlights. My priority is to make sure you are informed about these initiatives, our overall strategic direction and understand your role in ensuring our success. As a valued team member, your insight and feedback is important to me. I want to know what's on your mind. I encourage your participation and look forward to hearing from you and answering your questions (See "Your Questions Answered" on Page 4.). Please submit your questions, suggestions or feedback about operational initiatives at BHSNewsletter@hfhs.org

Donna

Donna Wellington, M.B.A.
COO, Henry Ford Behavioral Health Services





Culture of Caring

Recently, a woman with suicidal thoughts reached out for help through our website at 3 a.m., Saturday morning. She submitted the following message through the Patient Testimonial form, which is primarily used by patients wanting to share their experience at Henry Ford:

"I've been battling depression since I was 8 years old. And I'm asking for help. I'm pregnant and I'm back to deciding to hurt myself again. Last month I started burning my skin. My fight is ending. I feel like ending it all and just killing me and my baby. I tried so hard, but the thoughts are just overpowering me each day, every second, every minute, every hour."

Vanessa Mona, Director of Care Experience, was first to view her message, and contacted BHS Group Practice Director, Tiffeny Goode, at 7:30 a.m. on Saturday morning. Tiffeny immediately contacted Dr. Deepak Prabhakar, former Division Head of Ambulatory Psychiatry, who called the

patient as well as the local police to arrange for a wellness check. The police visited the woman and it was determined that she was no longer a threat to herself. She agreed to seek outpatient care and an appointment was made for her in our priority access clinic at One Ford Place.

The patient's brother agreed to stay with her until her appointment and take her to the emergency room if her thoughts return to self-harm or suicide. The patient is now safe and reports she is no longer having active suicidal thoughts. Although it was afterhours and the weekend, the Care Experience and BHS teams did not hesitate to jump into action and put the patient's needs first. This woman was not an active HFHS patient – but the BHS team worked quickly to save her life and the life of her unborn child.

If you have a patient story you would like to share, please email Dianne Weiland, Care Experience Consultant, at dweiland@hfhs.org

Your Questions Answered

Wondering about our department's direction, operational decisions, how we are keeping up with national behavioral health trends, or other strategies? Through this column our leaders will answer your questions. To submit a question for consideration, email BHSnewsletter@hfhs.org.

Q: "What are the latest trends in behavioral health?"
Brandon Duncan, MHA, Kingswood Hospital

Donna Wellington, COO, BHS:

Behavioral health care delivery is evolving. With the demand for care out-pacing provider access nationally, one of the most innovative trends today is supplementing traditional "brick and mortar" clinics with virtual care and app-based options that improve access and prioritize convenience for customers. In BHS, one of our most exciting growth initiatives is expanding the use of Virtual Care. Virtual Care is the use of telemedicine (video technology similar to SKYPE) to provide care to patients.

As an early adopter of telemedicine, BHS is well poised to take virtual care to the next level and become a market leader. In fact, BHS had led the System for the past several years, providing more virtual care in our outpatient clinics than any other department (synchronous visits). Our primary

model has been "clinic-to-clinic" in which the provider is in one clinic and the patient in another and they talk over secure video chat. We also have been using virtual care in most of our inpatient units for provider-to-provider consults and are exploring using telemedicine for inpatient care.

Consumers today expect to receive care where and when they want it. Recently, we began piloting "home-to-home" live video encounters in the Behavioral Health Integration (BHI) program in which both the patient and provider are at home. The provider uses a secure computer to begin the encounter and the patient joins through MyChart using their home computer, tablet or mobile phone. The initial feedback about this program has been very positive among both our patients and the staff.

This is exciting news, as it means our ability to provide care will not be limited by geography. And patients will no longer need to drive to a clinic to receive all their care. Tiffeny Goode, Group Practice Director, Ambulatory Services, and Christina Tindal, director of Behavioral Health Services at Henry Ford Allegiance Health, are working closely to expand the use of virtual care in all of our outpatient settings across all markets. Our goal is that patients can be seen wherever there is an opening regardless of the market they live in.



Division News

RESIDENTIAL ADDICTION MEDICINE

- **Henry Ford Maplegrove Center** implemented new clinical programming around detox and residential rehab on April 1. The programming builds off of DBT, CBT and Living in Balance curriculum through the Hazelden Betty Ford Foundation.
- Henry Ford Maplegrove Center has a new webpage that includes a video tour and other information about services, programming and community education. To view the page, **visit henryford.com/maplegrove**.

QUALITY AND SAFETY

- In 2019, the focus will be integrating culture work and HRO. Staff focus will target **Speak Up for Safety and Critical Thinking** with an all-staff training coming on both topics. More details to come. Stay tuned as our HRO work continues. For details, visit the “HRO Journey” page on OneHenry.
- Henry Ford Macomb Hospital passed TJC survey and the **Mt. Clemens Campus** had no findings! We are truly grateful to have such an extraordinary care team, thank you for all that you do for our patients and each other.
- Environmental improvements to eliminate ligature risk are almost complete on both the inpatient behavioral health unit and the psychiatric assessment service unit in the ED at **Henry Ford Wyandotte Hospital**.

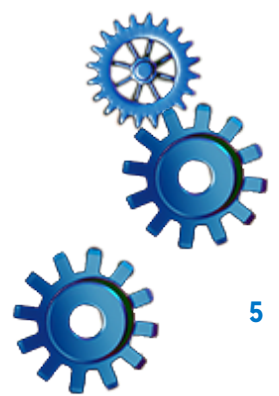
OUTPATIENT SERVICES

- The **Behavioral Health Integration** (BHI) with Primary Care expansion has continued. Eight sites were launched in 2018 and we will be going live with three new primary care locations (Henry Ford Medical Centers in Southfield, Plymouth and Canton) by this Spring. The program is expected to expand to all HFMG Internal Medicine sites by the end of 2019.

- **Mom2Mom**, a new perinatal support group, has opened at Henry Ford Medical Center - Ford Rd. in Dearborn. The Mom2Mom group is held every Friday from 2 – 3:30 p.m. See the “BHS WF resources folder” in the shared drive for more referral and group information. (S:\OFP\BHS WF Resources)
- **Mental health IOPs** were discontinued at the end of March due to low volume.

INPATIENT PSYCHIATRIC CARE

- **Henry Ford Macomb Hospital - Mt. Clemens** began partnering with the system’s Center for Autism and Developmental Disabilities (CADD) in January of 2019. Their team of Behavior Analysts (BCBAs) have presented alternative strategies, using Applied Behavior Analysis (ABA), to staff for patients who have challenges where NAPPI/CPI and meds are not effective. The first “ABA 101” class held at the Clinton Twp. Campus had over 150 in attendance with overwhelmingly positive feedback.
- Social Work and the Unit Coordinators have launched the Comfort Card program at **Henry Ford Kingswood Hospital**. Comfort cards is one of the best-researched and effective strategies to reduce suicide risk during times that patients are statistically at risk such as following inpatient discharge.
- The **Henry Ford Kingswood Hospital** Mod A provider team now includes a digitally present psychiatrist thanks to telemedicine technology. You’ll find Dr. James “Chris” Lamousin and Dr. Gregory Renck attending to patients and participating in multidisciplinary treatment team via a WOW and in accompaniment of an MHA.





Donald Flourney

Employee Spotlight

Spotlight employees are nominated by local leaders for their outstanding performance and department contributions.

Donald Flourney is a unit clerk at Henry Ford Maplegrove Center and was recently selected by leaders to represent BHS in the System's Henry Ford Vision Mission and Values video, which was shared at the 2019 All Leader Meeting in February. Donald started at Henry Ford Hospital and has worked for the health system for more than 13 years. Maplegrove Director, Chris Nixon, says, "We are so lucky to have Donald at Maplegrove. He's very knowledgeable and always helpful, warm and welcoming to staff and patients alike. He's a valuable addition to our team and embodies our Henry Ford values every day."

Welcome Aboard!

We proudly welcome the following new behavioral health team members:

Nancy Agrusa, LMSW, who recently joined Henry Ford Behavioral Health – Clinton Twp. (Seville) as the new psychotherapist supervisor.

Julie Bernhard, LLP, CAADC, started April 1 at Henry Ford Maplegrove Center, where she will be working with the residential patients.

Rita Inoue-Gibson, MBA, joined HFHS on March 18 as the new Director of Intake, Admissions and Utilization Review for Behavioral Health Services.

Rachel Kania, LMSW, joined Henry Ford Allegiance Addiction Recovery Center (AARC) as Therapist I.

Noel Koller-Ditto, MSN, RN, AGCNS-BC, is the new Clinical Nurse Specialist for Behavioral Health at Henry Ford Wyandotte Hospital.

Claudia Kunz, MSN, RN, recently joined Henry Ford Kingswood Hospital as the new Nursing Administrator.

Anne Markiewicz, LMSW, joined Henry Ford Allegiance Addiction Recovery Center (AARC) as a Therapist II.

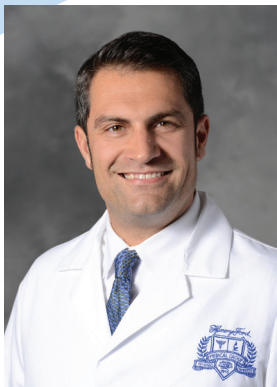
Jessica Phelps, administrative assistant for Christina Tindal, director of Behavioral Health at Henry Ford Allegiance Health.

Denise Scarbrough, OTR, has accepted the Lead OT position for Behavioral Health at Henry Ford Wyandotte Hospital.

Shannon Southway, MBA, was recently named the new Director of Operations at Henry Ford Kingswood Hospital.

Retirement News

Don Anderson, a Psych Tech with more than 11 years of dedicated service to Henry Ford Allegiance Addiction Recovery Center, will be retiring July 2. Don has gift for treating everyone with whom he comes into contact with kindness, courtesy and warmth. We are going to miss his influence on staff and patients alike.



Brian Ahmedani, Ph.D.

Research Corner

Dr. Brian Ahmedani continues to lead an NIMH-funded \$4.9 million project to evaluate implementation of the Zero Suicide model across six health systems in the United States. This project tests multiple approaches to implementation of various components of a suicide prevention model developed by Henry Ford, which has received worldwide recognition, across different health care settings. A new Zero Suicide web page was launched recently which includes the latest guidelines. Check out the page at henryford.com/zerosuicide

Medical Education

Henry Ford Behavioral Health department has a robust education program that includes social work and psychology interns, health psychology and neuropsychology fellows, pharmacy trainees, nurse practitioners, and psychiatry residents. In addition, the department supports medical student education as well as trainees from other departments including Neurology and Family Medicine.

For the 2018-2019 academic year the Behavioral Health Department trained:

- 1 Health Psychology Fellow
- 120 Medical Students
- 3 Neuropsychology Fellows
- 4 Nurse Practitioner students
- 12 Pharmacy trainees
- 23 Psychiatry Residents
- 9 Psychology Interns
- 8 Social Work Interns
- 17 Henry Ford Medical Group trainees (Neurology and Family Medicine residents)

In this issue, we will be spotlighting the Psychiatry Residency program.

We currently have 23 residents in the 2018 -2019 academic year. Four of these residents will be graduating on June 30, 2019. Three of the graduating residents will be taking up staff positions, while one will be pursuing a Consultation and Liaison Psychiatry Fellowship.

Please join me in wishing the graduating residents the best in their future endeavors:

- Vanessa Patel, M.D. – Staff Psychiatrist, Christiana Care Health Services, Newark, DE

- Tiffany Prout, M.D. - Consultation and Liaison Psychiatry Fellowship, University of Michigan, Ann Arbor, MI
- Pooja Subramanian, D.O. - Staff Psychiatrist, McLaren Health, Flint, MI
- Rachel Thiem, M.D. - Staff Psychiatrist, McLaren Health, Flint, MI



Esther Akinyemi, M.D.

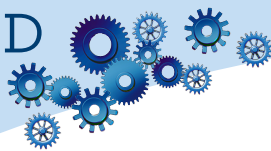
We had another good year in the Match and I am excited about our incoming residents. Please join me in welcoming our incoming 2019-2020 PGY-1 class.

- Nina Fabian; Michigan State University College of Osteopathic Medicine
- Hala Katato; Michigan State University College of Osteopathic Medicine
- Ali Nahhas; Michigan State University College of Osteopathic Medicine
- Sifat Noman; Wayne State University School of Medicine
- Shivali Patel; Wayne State University School of Medicine
- Derek Stodolak; Michigan State University College of Human Medicine - Grand Rapids

As a department, we remain committed to providing evidence based, clinically sound and practical education to our trainees, while supporting and encouraging growth in scholarly activities. We will continue to explore ways to achieve these goals.

ESTHER

Esther Akinyemi, M.D.
Interim Program Director
Psychiatry Residency Program



Wellness Update

The “We Care” program, led by Henry Ford physician Lisa MacLean, M.D., was created to address physician, resident and fellow stress, and increase physical and emotional wellness and resilience. The mission of the We Care Program is to help physicians and physicians-in-training achieve optimal health and well-being through education, training and peer support.

“Our goal is to help physicians cope with professional and personal demands in healthy ways, find work-life balance, and deliver high-quality care,” says Dr. MacLean.

The program is rolling out the “Connect the Docs” Engagement Groups to the Henry Ford Medical Group as part of the strategy to enhance physician wellness through connectivity.

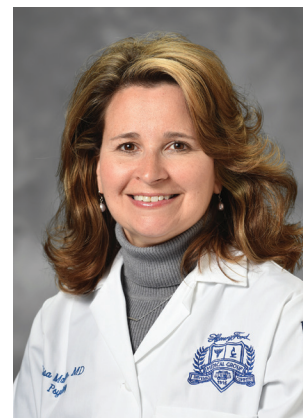
Connect the Docs Engagement Groups are physician discussion groups organized for the purpose of meeting on a monthly or bi-monthly basis to promote collegiality, community at work among participants, and focused discussion around a curriculum incorporating elements of mindfulness, reflection and shared experiences. Physicians are invited to join a Connect the Docs Engagement Group. The groups can be inter-specialty or same specialty. Groups can be proposed by a department, or a physician can sign up for any open group.

“Utilizing the best practice of Mayo Clinic’s small group meeting program, Henry Ford wants to provide an

opportunity for physicians to connect and discuss wellness topics to help improve their wellness, engagement, work/life balance, and interaction with each other,” says Dr. MacLean.

This forum will provide an opportunity for physicians to come together to interact as a like-group to discuss topics of joint concern and wellness topics.

The discussion should result in ideas and tips that can be used to enhance wellness and collegiality.



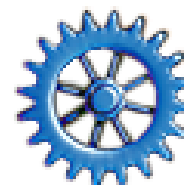
Lisa MacLean, M.D.

For more details, check out the **Physician Wellness Program** department page on OneHenry.

For questions about Physician Wellness Program, contact Lisa MacLean, M.D. at LMACLEA1@hfhs.org.



We Care
Physician Wellness Program



Behavioral Health Integration Program Expanding

Since 2017, Behavioral Health Services has been working to improve access and integration challenges through the a new program, Behavioral Health Integration (BHI). The results are promising. Led by **Doree Ann Espiritu, M.D.**, BHI is adopted from the collaborative care model pioneered by the University of Washington and piloted at Henry Ford Medical Center – Fairlane in 2017. This population health approach links patients with their primary care physician and mental health providers in a joint management effort coordinated by a behavioral health integrated care manager or therapist.

In the BHI program, the PCP and behavioral health experts work together to manage common conditions like depression and anxiety, in the primary care office using virtual care. Using the screening tools, PCPs look for patients with mild to moderate risk and talk to them about the BHI program. BHI is currently at 10 locations and will be expanded to all Primary Care locations by the end of the year. Additionally payers are starting to recognize the value of this type of encounter and are more open to covering

this type of visit.

Forty-five primary care physicians are currently involved, offering mental health services when patients need them most. Since the program began, **Amanda May, LMSW**, and **Alana Davis, LMSW**, have seen 485 patients in the primary care setting, and 77 percent have achieved remission from depression and anxiety.

Access to mental health appointments has improved, with BHI offering a seven-day lead 83 percent of the time, and same-day evaluation for patients accepting an initial appointment in the primary care environment.

For questions or additional information on BHI, contact Dr. Espiritu at DESPIRIL@hfhs.org

Children’s Protective Services Releases the Michigan Online Reporting System for Mandated Reporters

Michigan Department of Health and Human Services (MDHHS) recently released the Michigan Online Reporting System for mandated reporters to submit complaints of suspected child abuse and neglect. MDHHS created the Michigan Online Reporting System for mandated reporters to submit non-emergency complaints of suspected child abuse and neglect. The benefits of submitting a complaint via the Michigan Online Reporting System include:

- Submit a complaint 24/7 from anywhere with internet access
- Save the reporter information so future reports are more quickly completed
- Avoid phone wait time
- Upload photos and documents with the complaint
- Save in-progress complaints and resume later
- View recently submitted complaints
- Receive an automatic email receipt that the complaint was received
- Skip completing the DHS-3200

When submitting a complaint through the Michigan Online Reporting System, be sure to provide all the complaint information as thoroughly as possible to allow Centralized Intake to fully assess the situation.

For cases which require an emergency response, please continue to call 911 and then the Centralized Intake Hotline at 855-444-3911 instead of using the Michigan Online Reporting System to submit a complaint. The Centralized Intake phone hotline will also remain available and fully staffed for those who prefer to call in their report. However, when calling a complaint into the hotline, MDHHS still requires a written report (DHS-3200) within 72 hours of the call.

Find more information regarding the Michigan Online Reporting System at www.michigan.gov/mandatedreporter.



Maplegrove and Blue Care Network Combat Opioid Addiction with Collaboration and Personalized Approach to Treatment

Amid the unrelenting opioid crisis, Henry Ford Maplegrove Center, in partnership with Blue Care Network, rolled out a 12-month pilot project, which nearly a year later, is showing positive results for patients battling opioid addiction.

According to research, after detoxification from opioids, a significant number of patients relapse, some multiple times. In an effort to reduce relapse rates among its members treated for opioid use disorder (OUD), in May 2018 BCN selected Henry Ford Maplegrove Center and Pine Rest Christian Mental Health Services to partner with and launch the Community-based Life-changing Individualized Medically-assisted evidence-Based treatment program, known as CLIMB.

The two substance abuse treatment centers were selected based on the treatment models they already had in place and for having lower than average patient relapse rates.

CLIMB's evidence-based treatment protocol was originally made available to 250 Blue Care Network and BCN Advantage members suffering from OUD. Limited data from the pilot program so far suggests that when patients have access to intensive inpatient and outpatient treatment that is individualized, long-term sobriety is more attainable.

"The CLIMB pilot has improved collaboration between the insurers and the providers which is great for patients and I think has the potential of being good for the field of addiction medicine. We're able to reach out and say the patient definitely needs another week or two inpatient and they'll work with us and support that," says Elizabeth Bulat, M.D., medical director, Maplegrove Center.

CLIMB protocols include:

- Education for patients and families regarding addiction being a chronic brain disease.
- Inpatient detox (a longer length of stay provided if needed).

- Medication-Assisted Treatment (MAT).
- Cognitive Behavioral therapy (CBT) and Dialectical behavioral therapy (DBT).
- Intensive outpatient program (IOP) (includes family support).

As of March 2019, Maplegrove's relapse rate for BCN opioid patients had decreased to 14 percent compared to a rate of 23 percent when the pilot started in June of 2018.

Other program successes include an improvement in the continuity and hand off of patients transitioning from inpatient to outpatient care. Medication-assisted treatment (MAT), prescriptions are currently being filled by 78 percent of patients when they transition to outpatient care, compared to 36 percent before CLIMB was started.

"The pilot has confirmed that what we've been doing and advocating for is the right way to meet the needs of patients with opioid use disorder and that this chronic disease needs longer term treatment, starting with inpatient, stepping down to rehab, then to outpatient with intensive therapy, – a year of treatment is really going to be what's great for these patients", says Dr. Bulat.

The CLIMB pilot has been extended until fall 2019. In addition to BCN members, providers can now also refer Blue Cross Blue Shield of Michigan PPO members to the CLIMB program.





Behavioral Health Services By Location

Ever wonder which services are offered where? With 18 BHS locations across southeast and south central Michigan, it can be hard to keep track. This handy reference guide can help. This is also available on our BHS page on OneHenry. Please send any updates or corrections to Julie Perez at jperez1@hfhs.org

LOCATION

SERVICE

| | Henry Ford Hospital | West Bloomfield Hospital | Wyandotte Hospital | Macomb Hospital - Clinton Twp. | Macomb Hospital - Mt Clemens | Kingswood Hospital | Maplegrove Center | HFMC - Ford Road | BHS - Detroit (OFP) | BHS - Clinton Twp (Seville) | HFMC - Columbus (Novi) | HFMC - Troy | HFMC - Pierson (Grosse Pointe) | Henry Ford Allegiance Health | Allegiance Outpatient BH | Allegiance BH - East Michigan | Allegiance BH - Springport Road | Allegiance Addiction Recovery Center |
|---|---------------------|--------------------------|--------------------|--------------------------------|------------------------------|--------------------|-------------------|------------------|---------------------|-----------------------------|------------------------|-------------|--------------------------------|------------------------------|--------------------------|-------------------------------|---------------------------------|--------------------------------------|
| Mental health - Inpatient Adult | | | X | X | X | | | | | | | | | X | | | | |
| Mental health - Inpatient Child/Adolescent | | | | | | X | | | | | | | | | | | | |
| Mental health - Inpatient Older Adult Unit | | | | X | | | | | | | | | | X | | | | |
| Mental Health - Partial Hospitalization Program | | | | | | | | | | | | | X | X | | | | |
| Mental Health - Adult IOP | | | | | | | | | | | | | | | | | | |
| Mental Health - Adult DBT Skills Group | | | | | | | | X | | | | X | | | | | | |
| Mental Health - Adult Outpatient Therapy | | | | | | | | X | X | X | X | X | | | X | | | |
| Mental Health - Adult BHI | | | | | | | | | X | | | | | | | | | |
| Mental Health - Adult Telemedicine Appointments | | | | | | | | X | X | X | | | | | | | | |
| Mental Health - Adolescent IOP | | | | | | | | | | | | | | | | | | |
| Mental Health - Adolescent DBT Skills Group | | | | | | | | X | | | X | X | | | X | | X | |
| Mental Health - Child/Adolescent Outpatient Therapy | | | | | | | | X | X | X | X | X | | | | | | |
| Mental Health - Pediatric Primary Care Therapies | | | | | | | | X | | | | | | | | | | |
| Therapies - ECT | | | X | | | | | | | | | | X | | | | | |
| Substance - Residential Addiction Treatment (18+) | | | | | | | X | | | | | | | | | | | X |
| Substance - Residential Detoxification Services (18+) | | | | | | | X | | | | | | | | | | | X |
| Substance - Adult IOP | | | | | | | X | X | X | X | | | | | | | | X |
| Substance - Adolescent IOP (age 13 - 17) | | | | | | | X | | | | | | | | | | | |
| Substance - Adult Outpatient Therapy | | | | | | | X | X | X | X | X | X | | | | | | |
| Substance - Adult OPD MAT and Detox | | | | | | | X | | X | | | | | | | | | |
| Substance - Outpatient Evaluations | | | | | | | X | X | X | X | X | X | | | | | | X |
| Substance - Adolescent Outpatient Therapy | | | | | | | X | | | | | | | | | | | |
| Substance - Adult Early Recovery Group | | | | | | | X | X | X | X | | | | | | | | |
| Substance - Adolescent Early Recovery Group | | | | | | | X | | | | | | | | | | | |
| Substance - Family Support and Community Education | | | | | | | X | | | | | | | | | | | X |
| Neuropsychology - Adult Evaluations (Geriatric, Dementia) | | X | | | | | | X | X | X | | | | | | | | |
| Neuropsychology - Child/Adolscent Evaluations | | X | | | | | | | X | X | | | | | | | | |
| Neuropsychology - Forensic Evaluations | | X | | | | | | | X | | | | | | | | | |
| Consultation Liaison Services | X | X | | X | | | | | | | | | | X | | | | |